

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012911

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

316
3059
138
FILED APR 9 1963VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri, b. COUNTY St. Francois, c. CITY Farmington, d. STREET ADDRESS 313 W. 6th. (If outside, give location)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 2 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Ralph C Arthur		4. DATE OF DEATH Month Day Year April 4 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/18/1892
10a. USUAL OCCUPATION (Give kind of work done during last week or 2 weeks if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Crawford County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Marshall Andrew Arthur		13b. MOTHER'S MAIDEN NAME Martha Gertrude McDale	
14. NAME OF HUSBAND OR WIFE Margaret Lois Arthur		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) Yes	
16. SOCIAL SECURITY NO.		17. INFORMANT Margaret Lois Arthur Farmington, Mo.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral thrombosis & st. hemiparesis</i> Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>one mo</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>Arteriosclerosis & Ht dis & emphysema</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from August 19, 1962, to April 4, 1963, and last saw him alive on April 3, 1963. Death occurred at 3:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>R. A. Huckstep, M.D.</i>		22b. ADDRESS 301 West Liberty, Farmington, Missouri	
22c. DATE SIGNED 4-4-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 4/6/63		23c. NAME OF CEMETERY OR CREMATORY Hillview Memorial Gardens	
23d. LOCATION (City, town, or county) Farmington Missouri		24. FUNERAL DIRECTOR Miller Funeral Home Farmington, Mo.	
25. DATE RECD. BY LOCAL REG. April 4, 1963		26. REGISTRAR'S SIGNATURE <i>Ether Redloff</i>	

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

APR 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul H. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.